

**24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :**  
Americans for Legal Immigration PAC10/30/2008  
**10/30/2008 14 : 02**

PO Box 30966

Raleigh

NC

27622

**FEC ID No. C00405878**☒ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**PAGE OF 1 / 8  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00405878
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee

BFBV

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount

170.00

Mailing Address  
2850 Perry Ave

City Chicago	State IL	Zip Code 60628
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Purpose of Expenditure  
CommercialCategory/  
Type 004Office Sought: ☐ House State: SC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
LINDSEY OLIN GRAHAMDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 2090.65**Transaction ID: SE.9769**

Full Name (Last, First, Middle, Initial) of Payee

Clear Channel

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount

300.00

Mailing Address  
13 Summerlin Rd.

City Asheville	State NC	Zip Code 28806
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Purpose of Expenditure  
Radio CommercialCategory/  
Type 004Office Sought: ☐ House State: NC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:  
ELIZABETH DOLEDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 300.00**Transaction ID: SE.9777**

(a) SUBTOTAL of Itemized Independent Expenditures .....

470.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Jane Patterson

Signature

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 8  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00405878	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Curtis Media Group		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8	
Mailing Address 3012 Highwoods Blvd # 200		Amount 1050.00	
City Raleigh	State NC	Zip Code 27604	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure Radio Ad	Category/ Type	004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: ELIZABETH DOLE			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		1667.80	Transaction ID: SE.9785
Full Name (Last, First, Middle, Initial) of Payee IBX Media		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 408 West Arlington Blvd Ste 101-B		Amount 180.00	
City Greenville	State NC	Zip Code 27834	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure Radio Ad	Category/ Type	004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: ELIZABETH DOLE			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		580.00	Transaction ID: SE.9770

(a) SUBTOTAL of Itemized Independent Expenditures .....	1230.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms Jane Patterson Signature	M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
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NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00405878
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Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Mass Media Distribution

Date

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Amount

199.00

Mailing Address

12693 Tamiami Trl. E. # 222

City Naples	State FL	Zip Code 34113
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Purpose of Expenditure  
Press ReleaseCategory/  
Type 004Office Sought: ☐ House State: SC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
LINDSEY OLIN GRAHAMDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.9764

Calendar Year-To-Date Per Election  
for Office Sought 199.00

Full Name (Last, First, Middle, Initial) of Payee

Mass Media Distribution

Date

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Amount

199.00

Mailing Address

12693 Tamiami Trl. E. # 222

City Naples	State FL	Zip Code 34113
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Purpose of Expenditure  
Press ReleaseCategory/  
Type 004Office Sought: ☐ House State: SC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
LINDSEY OLIN GRAHAMDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.9765

Calendar Year-To-Date Per Election  
for Office Sought 398.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

398.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Jane Patterson

Signature

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 4 / 8  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC			FEC IDENTIFICATION NUMBER <b>C</b> C00405878		
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee Mass Media Distribution			Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8		
Mailing Address 12693 Tamiami Trl. E. # 222			Amount 199.00		
City Naples	State FL	Zip Code 34113	Office Sought: <input type="checkbox"/> House State: SC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		
Purpose of Expenditure Press Release		Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: LINDSEY OLIN GRAHAM			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____		
Calendar Year-To-Date Per Election for Office Sought		611.65	Transaction ID: SE.9768		
Full Name (Last, First, Middle, Initial) of Payee Morehead City			Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8		
Mailing Address PO Box 70			Amount 90.00		
City New Port	State NC	Zip Code 28570	Office Sought: <input type="checkbox"/> House State: SC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential		
Purpose of Expenditure Radio Ad		Category/ Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: ELIZABETH DOLE			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____		
Calendar Year-To-Date Per Election for Office Sought		2090.65	Transaction ID: SE.9771		

(a) SUBTOTAL of Itemized Independent Expenditures .....	289.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms Jane Patterson Signature	M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
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NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00405878	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sea-Comm Media		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 122 Cinema Drive		Amount 100.00	
City Wilmington	State NC	Zip Code 28403	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure Radio Ad	Category/ Type	004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: ELIZABETH DOLE			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		580.00	Transaction ID: SE.9772
Full Name (Last, First, Middle, Initial) of Payee Time Warner Cable		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 2505 Atlantic Ave. Ste. 101		Amount 719.00	
City Raleigh	State NC	Zip Code 27604	Office Sought: <input type="checkbox"/> House State: SC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure Commercial South Carolina	Category/ Type	004	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: ELIZABETH DOLE			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		2090.65	Transaction ID: SE.9773

(a) SUBTOTAL of Itemized Independent Expenditures .....	819.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms Jane Patterson Signature	M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8

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NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00405878
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee

Urban Radio

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Amount

500.00

Mailing Address  
1900 Pineview RdCity State Zip Code  
Columbia SC 29229Purpose of Expenditure  
Radio AdCategory/  
Type 004Office Sought: ☐ House State: SC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
LINDSEY OLIN GRAHAMDisbursement For: ☐ Primary ☒ General 2008  
☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 2090.65

Transaction ID: SE.9774

Full Name (Last, First, Middle, Initial) of Payee

US Postal Service

Date

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Amount

14.65

Mailing Address  
4325 Glenwood Ave.City State Zip Code  
Raleigh NC 27612Purpose of Expenditure  
PostageCategory/  
Type 004Office Sought: ☐ House State: SC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
LINDSEY OLIN GRAHAMDisbursement For: ☐ Primary ☒ General 2008  
☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 412.65

Transaction ID: SE.9781

(a) SUBTOTAL of Itemized Independent Expenditures .....

514.65

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Jane Patterson

Signature

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Americans for Legal Immigration PAC

FEC IDENTIFICATION NUMBER

C C00405878

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

US Postal Service

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Mailing Address

4325 Glenwood Ave.

Amount

37.80

City

Raleigh

State

NC

Zip Code

27612

Purpose of Expenditure

Postage

Category/  
Type

004

Office Sought:

☐ House

State: NC

☒ Senate

District: \_\_\_\_\_

☐ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

ELIZABETH DOLE

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election

617.80

for Office Sought

Transaction ID: SE.9782

(a) SUBTOTAL of Itemized Independent Expenditures .....

37.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

3758.45

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Jane Patterson

Signature

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Image# 28993087730

Form/Schedule:SE

WTKF

Transaction ID: SE.9771

Form/Schedule:SE

WZMJ, WOIC, MFX

Transaction ID: SE.9774

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